

RCE

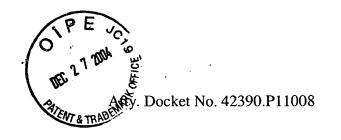
REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. 1450 Alexandria, VA 22313-1450

Application No.	09/895,982
Filing Date	June 29, 2001
First Named Inventor	Lance W. Dover
Art Ünit	2188
Examiner Name	Portka, Gary J.
Attorney Docket Number	42390P11008 .

This is a Request for Continued Examination Request for Continued Examination (RCE) practice under 8, 1995, or to any design application. See Instruction Shee	37 CFR § 1.114 does not	apply to any utility or plant applica	
1. Submission required under 37 C.F.R. § 1 amendments enclosed with the RCE will be entered not wish to have any previously filed unentered ama. a. Previously submitted. If a final Office may be considered as a submission even if this i. Consider the amendment(s)/replication (Any unentered amendment(s) referred to ii. Consider the arguments in the Aiii. Other b. Enclosed	d in the order in which the endment(s) entered, applies action is outstanding, as box is not checked. y under 37 C.F.R. § 1.1 above will be entered).	y were filed unless applicant instriction was request non-entry of such any amendments filed after the 16 previously filed on	ucts otherwise. If applicant does ch amendment(s).
i. Amendment/Replyii. Affidavit(s)/Declaration(s)	iii. ☐ Inforn iv. ☐ Other	nation Disclosure Statement (I	DS)
 Miscellaneous a. Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required) b. Other 			
3. Fees The RCE fee under 37 C.F.R. § 1.17(e) ii a. The Director is hereby authorized to a 02-2666. i. RCE fee required under 37 C.F.I. ii. Extension of time fee (37 C.F.R. iii. Other: (\$.00)	charge the following fee	es, or credit any overpayments	
 b. ∑ Check in the amount of \$790.00 € c. □ Payment by credit card (Form PTO-2 		01 FC:1801	790.00 OP
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type) Jeffery Scott Heileson		Registration No. (Attorney/Ag	ent) 46,765
Signature		Date /2/22/04	
CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Name (Print/Type) Cathy Bachmann			
Signature Cotty B		Date /2/27	2/04

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FOR FY 2005		Complete if Known				
		Application Numb		95,982		
		Filing Date		29, 2001		
Patent fee	es are subject to annual revision	n.	First Named Inver		e W. Dove	r
Applicant claims s	mall entity status. See	37 CFR 1.27.	Examiner Name		ka, Gary J.	
TOTAL AMOUNT C	DE DAVMENT	(\$) 700.00	Art Unit	2188		
TOTAL AWOUNT C	OF PATIVICINT	\$) 790.00	Attorney Docket N	No. 42390	0P11008	
	YMENT (check all to	——————————————————————————————————————		· · · · · · · · · · · · · · · · · · ·		
☑Check ☐Credit of	card 🔲 Money Ord	der □None □0	Other (please iden	ntify):		
Deposit Account	Deposit Account No	umber: 02-2666 D	Deposit Account N	Name: Blakely, So	koloff, Taylo	or & Zafman LLP
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.						
FEE CALCULATION						
Fee Fee Fee Code (\$) Cod 1051 130 205 1052 50 2053	Claims Claims Claims Claims Claims X T O X T O X Claims Claims Claims X Claims Claims	excess of 3 laim, if not paid nt claims over original patent xcess of 20 and over original pat (\$) 0.00	(ent	or number previously paid, if	greater, For Reissu se Paid	ies, see below
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1254 1,590 225		within fourth month				
1255 2,160 2255 1401 500 240		within fifth month				
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1810 790 2810	-	invention to be examined (37 C				
Other fee (specify) Request for Continued Examination						
SUBTOTAL (2) (\$) 790.00						
SUBMITTED BY	-				Comp	lete (if applicable)
	fery Scott Heileson		Registration No. (Attorney/Agent)	46,765	Telephone	(408) 720-8300
Signature	12				Date	12/22/04



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Lance W. Dover) Examiner: Portka, Gary J.
Application No. 09/895,982) Art Unit: 2188
Filed: June 29, 2001) Confirmation No.: 9264
For: VIRTUAL-PORT MEMORY AND VIRTUAL-PORTING)))
Mail Stop RCE	
Commissioner for Patents	
PO Box 1450	
Alexandria, VA 22313-1450	

AMENDMENT

Sir:

In response to the Final Office Action dated September 22, 2004, Applicant respectfully requests that the Examiner enter the following amendments and consider the following remarks.

I hereby certify that this corresponding the United States Postal Server Sufficient postage in an envelope	8 1
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